



proud past, promising future

## STATEMENT OF INCOME ELIGIBILITY FORM

For State Funded Mental Health Services in Clark County, Washington

### SECTION I- INCOME CALCULATION WORKSHEET

To determine your income you must include the income that you report on your federal income tax return and all dependents listed on it. Documentation of gross income must be attached to this form.

- ☐ Monthly ☐ Yearly
- (1) Yearly wages from full or part-time employment as shown on pay stub or W-2 form. \_\_\_\_\_
- (2) Unemployment or Worker's Compensation \_\_\_\_\_
- (3) Social Security \_\_\_\_\_
- (4) Retirement Income \_\_\_\_\_
- (5) Child Support and/or Alimony \_\_\_\_\_
- (6) All other earnings \_\_\_\_\_
- (7) Add items 1-6 to figure your **TOTAL GROSS INCOME** \_\_\_\_\_

Compare your **TOTAL INCOME** (Item 7) to the following table. If your **TOTAL GROSS INCOME** is equal to or less than the amount shown in the table for your family size, as listed on your federal income tax return, you are income eligible.

LOW INCOME SERVICE ELIGIBILITY TABLE (100% Federal Poverty Guidelines - 2006)

Persons in Family Unit	Monthly <sup>(1)</sup>	Annual
1	\$817	\$9,800
2	\$1,100	13,200
3	\$1,383	16,600
4	\$1,667	20,000
5	\$1,950	23,400
6	\$2,233	26,800
7	\$2,517	30,200
8	\$2,800	33,600
For each additional person	\$283	3,400

(1) Rounded to the nearest dollar

### SECTION II- INSURANCE

I currently have the following insurance coverage: ☐ None ☐ Medicare ☐ Private: \_\_\_\_\_

### SECTION III- SIGNATURE

I certify that all of the above income information is true and correct. I have attached documentation of this income. I understand that the information is subject to audit and investigation.

#### SIGN HERE

► Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Official Use only

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_